

**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC § 371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled:

ABRASIVE COMPOUND FOR GLASS HARD DISK PLATTER

described and claimed in international application number PCT/JP00/04172 filed on June 26, 2000

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Japanese Patent Application No. Hei 11-181449 filed on June 28, 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s)

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg.No.27,075; William P. Berridge, Reg.No.30,024;
Kirk M. Hudson, Reg.No.27,562; Thomas J. Pardini, Reg.No.30,411;
Edward P. Walker, Reg.No.31,450; Robert A. Miller, Reg.No.32,771;
Mario A. Costantino, Reg.No.33,565; and Stephen J. Roe, Reg.No.34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA, 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name of Sole or First Inventor	<u>Isao</u>			<u>OTA</u>
	Given Name	Middle Initial	Family Name	
**Inventor's Signature	<u>Isao</u>		<u>Ota</u>	
** Date of Signature	<u>November</u>	<u>29</u>	<u>2001</u>	
	Month	Day	Year	
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	City	State of Province	Country	
Citizenship	<u>Japanese</u>			
Post Office Address	<u>c/o Nissan Chemical Industries, Ltd., Specialty Materials Research Laboratories,</u>			
(Insert complete mailing address, including country)	<u>11-1, Kitasode, Sodegaura-shi, Chiba 299-0266, Japan</u>			

*Note to Inventor: Please sign name on line 2 exactly as it appears line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

Typewritten Full Name
of Second Joint

Inventor (if any) Tobru
Given Name Middle Initial Family Name
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**Inventor's Signature Tobru
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*Date of Signature November 29 2001
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City State or Province Country
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Inventor (if any) Kenji
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Month Day Year
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City State or Province Country
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of Fourth Joint

Inventor (if any)
Given Name Middle Initial Family Name
**Inventor's Signature
*Date of Signature
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City State or Province Country
Citizenship
Post Office Address
(Insert completing mailing
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Typewritten Full Name
of Fifth Joint

Inventor (if any)
Given Name Middle Initial Family Name
**Inventor's Signature
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Typewritten Full Name
of Sole or First Inventor

Isao

OTA

Given Name

Middle Initial

Family Name

**Inventor's Signature

** Date of Signature

Month

Day

Year

Residence

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Chiba

Japan

City

State of Province

Country

Citizenship

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IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

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Inventor (if any) _____
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**Inventor's Signature _____

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Month Day Year

Residence _____
City State or Province Country

Citizenship _____

Post Office Address _____

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Typewritten Full Name
of Fifth Joint

Inventor (if any) _____
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